

Letter from the Southwest

A medicine man and a lesson learned

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Culture in health care creates both obstacles and opportunities. A weekly field clinic in a remote Navajo community helped us understand the obstacles: unpaved roads, unpredictable skies, and unfamiliar “Western” diagnoses and treatments. Rising rates of chronic disease and flagging patient compliance pressed us to identify an opportunity—the medicine man. Anxious to bridge cultural traditions with modern disease management, we designed an integrated clinic that included, instead of competed with, the traditional healer. We set out to select our new colleague.

Picture an open, unspoiled space, accessible only by 40 miles of snaking, cracked pavement and 10 miles of sometimes graded, always washboarded clay. Multicolored mesas stand like sentinels against the southern sky. Grasslands struggle to recover from decades of confined grazing and one devastating year of drought. People live here—the *people*, the Dine. They live in mud and juniper-pole hogans, sun-bleached trailers, unpretentious wood frame buildings. We make the 50-mile trip here every Tuesday, and unlock an earth-toned trailer that, except for the fencing around it, might be someone’s home. It is our clinic.

“Do you know a medicine man we might hire?”

We polled some community members, people who work with us in the hospital at Tuba City. Our goal, we explained, was simple: hire a medicine man to see patients with us each Tuesday. Would we build him his own hogan? Sure. How would we refer patients to him? We would tell patients he was there. What would be his role? He would meet with people, pray with them. Perhaps, in the process, patients might feel better motivated to take their diabetes and high blood pressure medications, to be more careful about their diets, or to lose extra pounds that could prevent heart disease or kidney failure.

“Do you think it will work?”

Our coworkers were unsure. We would need to pay the medicine man well. We would also need to be careful who we hired and how. Choosing one medicine man might upset others who were not selected. We decided to consult a medicine man from another community, someone not likely to be biased by the possibility of being hired into our project.

On weekdays, “Martin” works as a counselor; on weeknights and weekends, he is a traditional healer. He is a humble man, tall, lean, and soft-spoken. I dropped by his office, and described the project to him. He asked why I thought a medicine man could help.



Huichol Indian yarn painting, promoting health and healing

“We are trying to integrate approaches. We don’t understand—culturally—why and how people decide to take medicines, to keep appointments, to generally take care of themselves. A medicine man might help us reach out. He might help patients trust us.”

Martin nodded. He noted the logistical difficulty of combining traditional diagnosis and ceremony into one brief visit to a medicine man. He wondered how the people seeing the medicine man would be able to commit themselves to their healing, and how their families,

their clans, would be able to support and share in that commitment. I explained the urgency of the health problems. But healing, Martin shared softly, is more than rushed ritual. It is a process, a journey made by patients with their families, their community. How the journey is made matters. We sat without speaking. I had assumed Martin would embrace the proposed clinic as a productive step toward the inevitable integration of traditional and “Western” medicine. Suddenly, in the silence following our exchange, I understood the arrogance of that assumption.

“Western” medicine’s logic—(1) Navajo people believe in medicine men; (2) medicine men are expensive; (3) if we pay for medicine men, more Navajo people may trust us and listen to our advice—is based on manipulative misunderstandings of traditional Indian healing. Such misunderstandings do not promote integration; they undermine it. Yes, Navajo people see the markings of culture—head-banded healers, smoke-filled hogans, corn pollen paintings. Yes, they hear the swirling chant of ancient song, when they sit cross-legged on well-tamped ancestral earth. But they also see the gifts—blankets, baskets, prepared food—donated and blessed by the extended family that made and gave them. In the midst of a healing ceremony, in the center of song and ritual, people feel a circle of support surrounding them, a network of community caring about them, believing in their ability to be healed. Identity and a sense of connectedness is recovered inside these circles. As the heart of healing, it cannot be replaced. As the essence of culture, it should never be purchased.

“Integrating” alternative approaches to health care involves more than juxtaposing one healing tradition alongside another. Belief systems—cultural traditions—are neither remediable mistakes (obstacles) nor manageable resources (opportunities) amenable to well-intentioned molding. They are who people are. They are what make our differences vital.

Dance of the Deer Foundation, Center for Shamanic Studies, Sequel, CA.